

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 SEP 25 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *560456*

1. Corporation Name

Slab Construction Inc.

500008170365--9
-10/03/02--01017--004
****458.75 ****458.75

2. Principal Office Address

105 Fourpoints Wy

Suite, Apt. #, etc.

3. Mailing Office Address

105 Fourpoints Wy

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

Country

32305 USA

City & State

Tallahassee FL

Zip

Country

32305 USA

4. Date Incorporated or Qualified
To Do Business in Florida

4-10-1987

5. FEI Number

59-2852055

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status.

7. Name and Address of Current Registered Agent

Name

R.P. Harris Jr.

Street Address (P.O. Box Number is Not Acceptable)

1341 Funghill Dr.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32317

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	<i>R.P. Harris Jr.</i>	<i>1341 Funghill Dr.</i>	<i>Tallahassee FL 32317</i>

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

R.P. Harris

Date

9-25-02

Daytime Phone #

656-1701

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

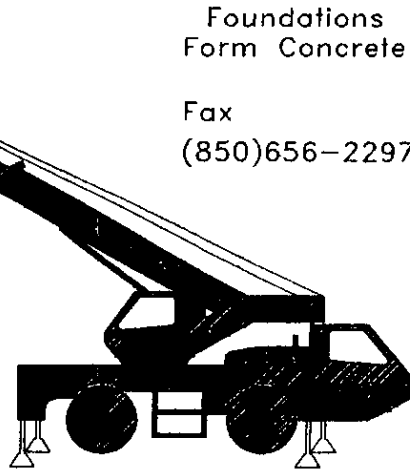
Slabs, Tilt-Ups
Post Tension

Office
(850)656-2810

Foundations
Form Concrete

Fax
(850)656-2297

Slab Construction, Inc.
105 Four Points Way
Tallahassee, Fl. 32310
Office: (850)656-2810 Fax: (850)656-2297
Net Address: talcrane@nettally.com



To Whom it May Concern:

I did not receive Notice
for your \$2,000.

Please Reinstate my reputation.

Thank you

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